

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	8-6-1
RESPONSE FORMALITY REVIEW	JK	835	11/22/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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RESP  
 781  
 11-02-01  
 830  
 08/06/01